


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 003848	
1. Entity Name EAGLE SUPPLY, INC.	

Principal Place of Business 1451 CHANELSIDE DRIVE TAMPA, FL 33605	Mailing Address PO BOX 75305 TAMPA, FL 33675
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DO NOT WRITE IN THIS SPACE



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0228000	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CFRA, LLC ONE HARBOUR PLACE 777 S. HARBOUR ISLAND BLVD., STE. 500 TAMPA, FL 33602

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FIELDS, DOUGLAS P. 122 EAST 42ND STREET NEW YORK, NY 10168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HELZER, JAMES E 2500 US 287 MANSFIELD, TX 76063
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD FRIEDMAN, FREDERICK M. 122 EAST 42ND STREET NEW YORK, NY 10168
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UN0000118453
04/19/04-80060-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-13-04 (712) 986-6190 <small>Date Daytime Phone #</small>
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